

Check one: <input type="checkbox"/> Initial License <input type="checkbox"/> Change of Location <input type="checkbox"/> Change of Ownership
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**Adult Day Service Licensure Application
 IDENTIFYING INFORMATION**

1. NAME AND ADDRESS OF FACILITY:

Initial Licensure Fees: Programs with license capacity of 4-16 = \$200.00 Programs with license capacity of 17-50 = \$250.00 Programs with license capacity of 51 and up = \$300.00

2. TELEPHONE NUMBER: _____ FAX NUMBER: _____
 (Area Code) (Area Code)

E-Mail Address: _____

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: _____
 (If Not Individual)

4. ADMINISTRATOR: _____

5. PREFERRED MAILING ADDRESS FOR THE RECEIPT OF OFFICIAL NOTICES FROM THE DEPARTMENT:

6. TOTAL LICENSED CAPACITY: _____ (Specify Number) 7. Planned Occupancy Date _____

8. FACILITY TYPE: FREE STANDING LOCATED IN LICENSED HEALTH CARE FACILITY
 If in Health Care Facility what type: _____

OWNERSHIP INFORMATION

9. OWNERSHIP OF FACILITY: _____
 (Legal Name of Individual or Business Organization)

ADDRESS: _____
 (Street Address, City, State, Zip)

10. OWNERSHIP MAILING ADDRESS: _____
 (If Different Than Above)

11. BUSINESS ORGANIZATION: (Check one)

- _____ Sole Proprietorship
- _____ Partnership
- _____ Limited Partnership
- _____ Corporation
- _____ Limited Liability Company
- _____ Governmental (_____ State, _____ District, _____ County, _____ City or Municipal)
- _____ Other (Please Specify) _____

Financial Category <input type="checkbox"/> Profit <input type="checkbox"/> Non Profit

CERTIFICATION

I/we have read the Rules and Regulations issued by the Nebraska Department of Health & Human Services and will comply with them should a license be issued. I/we certify that to the best of my/our knowledge, all information and statements on the application documents are true and correct and I/we hereby apply for a license.

PLEASE NOTE: Neb.Rev.Stat. Section 71-433 requires: Applications shall be signed by

- (1) the owner, if the applicant is an individual or partnership,**
- (2) two of its members, if the applicant is a limited liability company,**
- (3) two of its officers, if the applicant is a corporation, or**
- (4) the head of the governmental unit having jurisdiction over the facility to be licensed, if the applicant is a governmental unit.”**

 AUTHORIZED REPRESENTATIVE – TYPE OR PRINT

 SIGNATURE

 DATE

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 SIGNATURE

 DATE